

**EXHIBIT****9****A PRESBYTERIAN****Itemized Billing Statement**

George R Gallegos  
PO BOX 706  
OHKAY OWINGEH, NM 87566

Hospital Account: 35021384

Patient Name: Gallegos, George R

Account Balance: 0.00

Admission Date: 09/04/2014

Discharge Date: 09/04/2014

**Hospital Charges**

Date	Code	Description	Quantity	Amount
09/04/14	0301	30100326 HC POC GLUC BLD TEST MONITORING DEVICE	1	48.00
09/04/14	0272	27200401 HC KIT CATH PERCU	1	344.00
09/04/14	0272	27200279 HC CATHETER IV 16 X 1 1/4	1	9.00
09/04/14	0272	27200389 HC IV PRIMARY INTERLINK AB	1	51.00
09/04/14	0272	27200390 HC IV SECONDARY INTERLINK	1	10.00
09/04/14	0272	27200017 SOLN IRR 0.9% NaCl 3L BG	4	107.42
09/04/14	0271	27100001 SLV CMPR MED KN SCD EXP	1	110.00
09/04/14	0272	27200017 SUT ETHLN 3-0 PS2 BLK	1	16.68
09/04/14	0271	27100001 BLADE SHVR AGRS + LG HUB ASCP	1	196.92
09/04/14	0272	27200017 CANN ARTHREX 8.25 X 7CM	2	225.00
09/04/14	0272	27200017 CANN ARTHREX 7MM DISP	3	337.50
09/04/14	0272	27200017 ELCTRDI ELCSURG VPRTRD 4MM90DEG	2	1,020.00
09/04/14	0272	27200017 BUR BARREL 4.0	1	266.75
09/04/14	0272	27200017 ANGLED SHAVER	1	282.24
09/04/14	0360	36000037 HC OR ACUITY 3	1	7,080.00
09/04/14	0272	27200221 HC ANESTHESIA SUPPLY CHARGE	1	255.00
09/04/14	0710	71000040 HC RECOVERY ROOM 1ST HOUR EA 15 MIN	4	1,672.00
09/04/14	0710	71000041 HC RECOVERY ROOM EA 15 MIN	3	135.00
09/04/14	0370	25000003 HC ANESTHESIA AGENT CHARGE	7	260.05
09/04/14	0360	36000080 HC OR STAFF 2 15 MIN	6	2,490.00
09/04/14	0636	J2405 ONDANSETRON 4 MG/2 ML. SOLN 2 ML. VIAL	4	7.00
09/04/14	0636	J1200 DIPHENHYDRAMINE 50 MG/ML SOLN 1 ML VIAL	1	7.00
09/04/14	0250	25000002 ROCURONIUM 10 MG/ML SOLN 5 ML. VIAL	1	44.00
09/04/14	0636	J0330 SUCCINYLCHOLINE 20 MG/ML. SOLN 10 ML VIAL	10	17.00
09/04/14	0636	J3010 FENTANYL 50 MCG/ML SOLN 2 ML AMPUL	1	7.00
09/04/14	0636	J0690 CEFAZOLIN 1 GRAM/50 ML. PGPK. 50 ML BAG	2	31.00
09/04/14	0250	25000002 EPHEDRINE 50 MG/ML SOLN 1 ML AMPUL	1	7.00
09/04/14	0250	25000002 ROCURONIUM 10 MG/ML SOLN 5 ML. VIAL	1	44.00
09/04/14	0250	25000002 LABETALOL 5 MG/ML SOLN 20 ML VIAL	1	10.00
09/04/14	0250	25000002 LABETALOL 5 MG/ML SOLN 20 ML VIAL	1	10.00
09/04/14	0636	J2710 NEOSTIGMINE 1 MG/ML SOLN 10 ML VIAL	20	23.00
09/04/14	0250	25000002 GLYCOPYRROLATE 0.2 MG/ML SOLN 1 ML VIAL	2	15.00
09/04/14	0636	J7120 LACTATED RINGERS SOLP 1,000 ML BAG	1	16.00
09/04/14	0636	J7120 LACTATED RINGERS SOLP 1,000 ML BAG	1	16.00
09/04/14	0636	J2250 MIDAZOLAM 1 MG/ML SOLN 2 ML VIAL	2	7.00
09/04/14	0636	J3010 FENTANYL 50 MCG/ML SOLN 2 ML AMPUL	2	7.00
09/04/14	0250	25000002 PROPOFOL 10 MG/ML EMUL 20 ML VIAL	1	33.00
09/04/14	0636	J2001 LIDOCAINE-PF 20 MG/ML (2 %) SOLN 5 ML VIAL	10	11.00
09/04/14	0636	J3010 FENTANYL 50 MCG/ML SOLN 2 ML VIAL	1	9.00

Date	Code	Description	Qty	Amount
09/04/14	0636	J3010 FENTANYL 50 MCG/ML SOLN 2 ML VIAL	1	9.00
09/04/14	0636	J3010 FENTANYL 50 MCG/ML SOLN 2 ML VIAL	1	9.00
09/04/14	0250	2500002 LABETALOL 5 MG/ML SOLN 20 ML VIAL	1	10.00
09/04/14	0250	2500002 LABETALOL 5 MG/ML SOLN 20 ML VIAL	1	10.00
09/04/14	0940	9400001 HC PLACE NEEDLE / CATH IN VEIN	1	121.00
Total hospital charges:				15,396.56

### Hospital Payments and Adjustments

Description	Amount
MEDICARE LMRP WRITE OFF - 09/16/14	-32.00
MEDICARE CONTRACTUAL WRITE OFF - 10/06/14	-8,953.51
MEDICARE CONTRACTUAL WRITE OFF - 10/07/14	-23.00
MEDICARE Payments	-5,089.65
Coinsurance: 1,298.40	
Non-covered: 55.00	
UHC COMM Payments	-1,298.40
Total hospital payments and adjustments:	-15,396.56